



## Alternative to CPR Order

Consumer's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In the event of cardiac and/or pulmonary arrest of the consumer, efforts at cardiopulmonary resuscitation of the patient **SHOULD NOT** be initiated due to

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Due to the above mentioned condition, the following emergency procedures **SHOULD BE** implemented:

- ☐ Rescue breathing
- ☐ Cardio version (AED)
- ☐ Oxygen
- ☐ Other Defined:

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\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Attending Physician

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Printed Name of Attending Physician